EXTRAORDINARY TEMPERATURES.*

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Temperatures above 112° F. may well be called extraordinary, and the rarity with which they are met is sufficient reason for my reporting the following case.

On Sept. 29th I saw, with Dr. Thos. E. Shumate, a young married lady who had a steadily rising temperature since the preceding Monday. Since no pathological changes could be ascertained on physical examination, except a slight systolic murmur at the base of the heart, the surmise of hysteria seemed a logical conclusion. The doctor informed me that he had curetted the patient on Sept. 10th because of bleeding following a miscarriage. The abortive outcome of her pregnancy was a source of chagrin and disappointment to the patient and she took it deeply to heart. All went well until the Monday before I saw her, when noticing a slight tinge of blood on the bed sheets, she became greatly agitated, restless and sleepless, and from that time until the end of the week refused all food save asparagus tips for which she evinced a marked predilection. My examination of the patient agreed with that of Dr. Shumate. I was loath to conclude that hysteria alone was present; however, that the patient was hysterical was plain from her demeanor, her childish, petulant talk, her having a doll on her arm, and perhaps her unconcern about her temperature, which normally she would have appreciated since she had been a nurse. Her skin was cool and I doubted the thermometer; her pulse was but 80. A rectal temperature was taken and it measured 105° F. I suggested quiet and warm baths. The first bath resulted in her pulse advancing to 130 and great alarm on the part of the nurse. Steadily rising, the temperature reached 107° F. by 8 o'clock in the evening and at midnight measured 109° F. The next morning further consultation was had. Dr. William Watt Kerr examined the patient and found her heart in a better condition than it had been in March last. Neither Dr. John Gallwey nor Dr. John Graves nor Dr. Alden could find any further physical change to account for the temperature. I was asked to take the patient in charge. I had no great expectations from any antipyretic measure. The patient was brought to the St. Francis Hospital, a new nurse gotten and solitude as far as possible ordered. Since the skin was cool despite the high registrations of the thermometer, an electric pad was put on the abdomen and ice irrigations given. The temperature advanced to 111° F. An ice bath given in the afternoon resulted, or better said, was followed by a drop of 2° F. In the evening a sedative and a second ice bath were given and in the course of fifty minutes there was a drop of 13° F. without the least sign of shock. During the night the patient rested well, but at 6 a. m. the following morning 110° F. were recorded and by 9 o'clock another degree had been added. With the remembrance of what had followed the night before, a second sedative and bath were given and the nurses complained of the frigidity of the water; twenty minutes later 114° F. were recorded. During the greater part of the day the temperature was above 112° F.; during the night it dropped a little, but on Monday, October 2d, it was again at 112° F.

The patient was moved to another room, one cooler, quieter and more commodious than the one she had been in. She thought she had been brought from the operating room where the currettment had been done three weeks before, and had lost all memory of the intervening time. When I called at noon she failed to recognize me, and wondered who I was. She talked clearly, was hungry, but still registered 107° F. By 5 o'clock her temperature was normal. Except at the time of the warm bath her pulse never advanced above 90 beats per minute. Needless to say we all doubted the registrations of the thermometer, but many were used by many persons. Measurements were taken in the axilla, rectum and mouth, singly and simultaneously, and coincided. We regretted that the temperature of the urine had not been taken. This omission was compensated for shortly after the patient went home, when her temperature went skyward again and this time to 115° F. When her temperature by rectum was 105.4° F., the urine was 106° F., and when the rectal measurement was 115° the urine was the same. The patient is now well.

This perplexing case teaches at least three lessons. Firstly, patients without toxemia may tolerate great temperature. Secondly, the pulse rate is not dependent upon the temperature. Thirdly, hysterical temperatures are not influenced by the usual hydrotherapeutic measures which are so efficient in toxic fevers.

Discussion.

Dr. Clarence Quinan: Through the courtesy of Dr. A. A. O'Neill, ship surgeon on the transport Peru, I had an opportunity in 1908, whilst en route to Manila with the second military expedition, to study a remarkable case of terminal hyperpyrexia. The patient was a member of the crew, a stoker, I believe, and he was obviously in a dying condition. His temperature, taken with a certified Hicks thermometer, a few minutes before he expired, was 110¾°. At autopsy we found a remarkable state of affairs. It was a typical case of von Recklinghausen's disease. The body was covered with a multitude of neurofibromata of every size. Upon removing the skull cap an extensive leptomeningitis was discovered. It was evident that the infecting organism had gained access to the brain coverings by the mastoid route, for the inner table in that area was covered with exostoses. This seems a favorable opportunity to put on record a case of high temperature, although, obviously, in this case the disturbance was entirely unlike that reported by Dr. Lennon.

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